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## Editorial

# Do medical conferences have a role to play? Sharpen the saw



## ABSTRACT

### Keywords:

Conference  
CME  
Meeting  
Industry  
Conflict of interest  
Health care providers

Medical conferences are supposed to fulfill a critically important role in the ongoing education of physicians, technicians, nurses, and other health care providers. There are many functions which these conferences meet apart from merely imparting education: sharpening the skills, ability to interact with peers and KOLs, trying new equipment, evolving novel and locally relevant ideas, developing consensus in contentious areas all leading to improvement in health-care delivery, and patient outcomes. However, at the moment, the conferences are too many and not very effective in delivering the purported benefit. Further, there is need to reconcile the entanglement of interests between the organizers (usually physicians) and the fund donors (industry).

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## 1. Introduction

In the rapidly changing world of cardiology and its subspecialties, continuing medical education (CME) programs are considered ineliminable requirement. However, in current era of information, there are so many great ways to learn and sharpen skills: one can read blogs, listen to podcasts, watch how-to videos on YouTube, and attend webinars, just to name a few. Then why bother with the time and expense of an in-person conference or workshop? The matter of fact is that while these activities add to knowledge bank, there is no substitute for live events—a conference, workshops, seminars and symposiums—which provide unique learning and career building opportunities that just cannot be found anywhere else, particularly in local settings and current class-room curriculums.<sup>1</sup> The congresses enable health-care professionals to keep up-to-date with important research, learn directly from experiences and “trials and errors” of others, share best practices, and develop new skills and techniques. All of these have a direct impact on our daily clinical practice, helping us to improve safety and quality of care. However, for all these purposes, one or two meetings at regular intervals

may suffice; then what is the need of having so many meetings?

## 2. The reality of medical conferences

### Why do we attend medical conferences?

To meet old friends

Professional networking  
To project self

To spend quality time with family  
Entertainment

To update on recent advances, develop a new skill, gain deeper knowledge

Indeed, if a conference is done to update clinicians on recent advances, to help them gain deeper knowledge, or enhance their skill, then the aims are credible. However, in India, in the year 2015, at least 53 major (delegates >300)

conferences in cardiology and its subspecialties were held but there were upwards of 150 minor regional ones as well. These meetings should have catered to each and every professional in cardiovascular arena but the matter of fact is that it was only a select group of physicians who are going to conferences again and again. This brings us to the next question:

#### Why do we organize conferences?

To perpetuate education and promote skill development  
To project self

Some other reasons

#### What about the funding?

Virtually all the medical conferences and CMEs are organized with direct or indirect help (including financial support) from pharmaceutical companies and/or device manufacturers.<sup>2</sup> The worry is that with funds being available from the Industry, the entire flavor of scientific meeting may be tempered to accommodate their interests.<sup>3</sup> While in the past CMEs were austere conducted within the confines of auditoriums of medical colleges, with the delegates staying in guest houses, now these meetings are organized in 7 star luxury hotels. Granted that revolution in technology has happened and best audio-visual equipment or seating capacity is not always available in medical colleges, still the splurge in luxury cannot be readily justified. Some startling facts: In Australia in just 6 months (April 1 to September 30, 2011) companies represented by Medicines Australia spent \$30 million (more than Rs. 200 crore) on 18,000 events attended by >400,000 individuals (primarily physicians) with >45% amount spent on hospitality.<sup>4</sup> Even more disturbingly, there is now a trend towards organizing meetings independently, by one single industry. Arguably, there is no scientific advantage in attending a congress supported by only one Industry entity. This is bias-defined. Interestingly, physicians themselves seem oblivious to this "conflict of interest": 70% of Norwegian general practitioners and 80% of Australian physicians judged commercially sponsored industry meetings to be of good-excellent quality.<sup>5,6</sup> However, the worst of all are the lavish gala dinners with "cultural program." Not infrequently we hear of disorders in these functions even to the extent of physicians getting roughed up by goons in the garb of an artist. All this puts into disrepute the entire concept of CME itself.

### 3. The need for medical conferences

On the other hand, medicine (more so cardiology) is a profession at the cutting edge of science. Practically, every single day some new innovation comes to fore, some new path-breaking study is published, and some new guideline is released. It is very difficult for a busy practitioner to be updated with what is going on. Thus, physicians need to update themselves frequently to accommodate the radical changes: advent of new technologies, changes in health care delivery, changing demographics and patterns of diseases. CME fulfills this critically important role in the ongoing education of

physicians, technicians, nurses, and other health care professionals. Arguably in the e-age many of this information needs can be satisfied by use of state-of-the-art technology: virtual meetings, conference calls, webcasts/podcasts, blogs, etc. are available but still an onsite workshop may score several advantages. Some of these advantages are opportunities to:

1. "Sharpen the saw," to take a break from the "work" to focus on sharpening the skills.
2. Meet professional "idols" face-to-face: social media and e-media can keep one connected to the peers who are both local and international; however, there is no substitution for meeting someone in real life.
3. Try "new tools" in the armamentarium.
4. Breakout from psychological comfort zone into a new space which often sparks new ideas, new tips and tactics, and even improves focus on new solutions.
5. Meet likeminded individuals, in person, to sort out issues and help build consensus on contentious issues.
6. Exposure to other professionals may motivate the physicians to improve their performance and adopt continuous learning through the course of their careers.

Thus, in the rapidly changing world of interventional cardiology, CME is a critical part of achieving best patient outcomes.

### 4. So, what is the way out?

There are several ways in which these meetings can be made effective and serve the purpose they are meant for:

1. The total number of CMEs should be limited. This would ensure that clinicians do not have to travel again and again leaving their practice and patients. The industry will also not be stretched to provide funds repeatedly. The meetings should be permitted to only organized national (or even international) societies and bodies recognized possibly by regulatory authorities.
2. Other than a few generic conferences, CMEs should be organized in focused areas so as to impart clarity and enable skill development in those areas.
3. Conferences should focus on reaching a specific category of health-care providers (first contact physicians, young physicians, students, nursing professionals, paramedical professionals, etc.) rather than targeting same (senior) physicians again and again.
4. Each conference should have a specific goal, mission, and vision which is different from others so that a clear-cut objective is achieved at the end of a meeting.
5. A healthy and transparent partnership between industry and the medical profession should be allowed or even fostered, which is essential not only for innovation but also effective translation of basic science to clinical practice culminating in optimal improvement of patient outcomes. A bias and conflict-free partnership rather than an abandonment of medical education by the industry that supports progress in medical science and care should be the ideal.

6. Attempts must be made to curtail cost and remain focused on the educational component. Thus “luxury hotel” culture and “gala dinner” with exuberant social events should be done away with but at the same time meeting venue should be presentable and state-of-the-art because not only it helps in effective communication but also is a matter of prestige with our international faculty. Attempts should be made to set up “Convention Centers” with state of art audio-visual and seating capacity.
7. All conferences should be registered with regulators.
8. Guidelines should be made for organizing a CME: from proper structure—well-defined aim, methodology, participants, faculty as also to streamline the conduction of a conference.
9. CME credits must be made mandatory for refreshing the MCI registration.
10. All conferences should offer CME credits.
11. An essential for any CME is to have an effective communication strategy, to improve the quality of learning. Care should be taken to ensure effective participation/interaction with delegates.

The bottom-line is that CME should be organized in such a way that it encourages questioning, reflective and creative thinking in the participants.

## 5. Conclusions

CMEs are an integral part of learning for health-care professionals. While some learning is possible “at distance”, real life meetings do have their own place. However, there is a need to regulate the number of meetings and to make them more focused and directed rather than “me too” ones. Further, all

efforts must be made to manage cost as also “the conflict of interest.”

Turn around and smell what you don't see  
Close your eyes it is so clear  
Here's the mirror, behind there is a screen  
On both ways you can get in

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